

WASHINGTON STATE LIBRARY COMMISSION

Washington State Library PO Box 42460 Olympia, WA 98504-2460

APPLICATION FOR LIBRARIAN'S CERTIFICATE

NAME _____
Last First Middle

MAILING ADDRESS _____
Street
City State Zip Code

BIRTH DATE: _____

PHONE NUMBER: _____ SOCIAL SECURITY NO. _____

Do you have an MLS degree from an accredited institution?

☐ YES Date Awarded: _____

☐ NO If you answered no to this question, contact the Washington State Library for further instructions.

Name of Institution that awarded MLS degree: _____

Address: _____

Your name at the time MLS degree was awarded: _____

Name you want printed on your certificate: _____
(please print clearly)

Signature _____ Date _____

For more information, please contact the Washington State Library Training Office.

Debra Rossow (360) 704-5267

Mary Moore (360) 704-5266

FAX (360) 753-2108

drossow@statelib.wa.gov

mmoore@statelib.wa.gov

| For Department Use Only - Do Not Write In This Box | |
|--|---------------------|
| Date Received | Certification No. |
| Remittance | Date Issued |
| Verification Date | Authorized Initials |